L21000004840

(Red	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Ďoc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

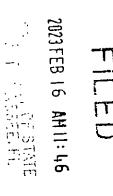
Office Use Only



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4/18/23 V.L.L.



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Harsley Wealth Management LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sade D Haistey Name of Person	
Haisley Wealth Management LL	
1003 West lake D	
Haistey weathing in the gradition E-mail address: (to be used for brure annual report notification)	
For further information concerning this matter, please call:	
Sade D Harsley at (202) 696-3131 Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it new appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12 28 2020 and assigned Florida document number 22 00004840

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Prestage Valt May May LLC

The new name must distinguishable and contain the words "Simited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Enter Florida street address

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
		□Change	
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		□ Change	
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		□Remove	
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.i ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effe Note:	ve date, if other than the date of filing:
e record rd is til	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	2-10-23
	Signature of a member or authorized representative of a member
	Sade 0, Harsley Typed or printed name of signee